

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**IN THE MATTER OF:**

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| ████████████████████                     | MAHS Reg. No.:       | 16-000257                                |
| ██ | Issue No.:           | 1002, 2002, 3002                         |
| ████████████████                         |                      | 1011, 2011, 3011                         |
|  | ████████████████████ | ████████████████                         |
|  | Hearing Date:        | February 18, 2016                        |
|  | ████████████████     | ██ |
|  |                      | (████████████████)                       |

**ADMINISTRATIVE LAW JUDGE: Kevin Scully**

**HEARING DECISION**

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10 After due notice, telephone hearing was held on February 18, 2016, from Lansing, Michigan. Participants on behalf of Claimant included ██████████. ██████████ (Hearing Facilitator) represented the Department of Health and Human Services (Department). Witnesses on behalf of the Department included Imogene Freeman (Lead Specialist with the Office of Child Support).

**ISSUE**

Did the Department of Health and Human Services (Department) properly determine the Claimant's eligibility for Family Independence Program (FIP), Medical Assistance (MA), and Food Assistance Program (FAP) benefits?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Claimant was an ongoing Family Independence Program (FIP), Medical Assistance (MA), and Food Assistance Program (FAP) recipient.
2. On October 30, 2014, the Department sent the Claimant a request to provide information necessary to identify and locate the absent parent of her child for the purpose of establishing child support.
3. On December 25, 2014, the Department sent the Claimant a Noncooperation Notice (OCS1252A).

4. On December 2, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting verification of ending employment.
5. On December 21, 2015, the Department notified the Claimant that it had sanctioned her Family Independence Program (FIP), Medical Assistance (MA), and Food Assistance Program (FAP) benefits due to her non-cooperation with the Office of Child Support and failure to provide verification of ending employment.
6. On January 8, 2016, the Department received the Claimant's request for a hearing.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101-.3131.

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (July 1, 2015), p 8.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level

when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (July 1, 2015), pp 1-9.

Families are strengthened when children's needs are met. Parents have a responsibility to meet their children's needs by providing support and/or cooperating with the department, including the Office of Child Support (OCS), the Friend of the Court (FOC) and the prosecuting attorney to establish paternity and/or obtain support from an absent parent. The custodial parent or alternative caretaker of children must comply with all requests for action or information needed to establish paternity and/or obtain child support on behalf of children for whom they receive assistance, unless a claim of good cause for not cooperating has been granted or is pending. Failure to cooperate without good cause results in disqualification. Disqualification includes member removal, as well as denial or closure of program benefits. Department of Human Services Bridges Eligibility Manual (BEM) 255 (April 1, 2015), pp 1-2.

On October 30, 2014, the Department sent the Claimant a request to provide information necessary to identify and locate the absent parent of her child for the purposes of establishing child support. Department policy requires that the Claimant provide this information as a condition of eligibility for the FIP, MA, and FAP benefits. On December 25, 2014, the Department sent the Claimant a Noncooperation Notice because she had failed to cooperate with the Office of Child Support's efforts to collect information about the absent parent of her child. The Department then sanctioned the Claimant's FIP, MA, and FAP benefits.<sup>1</sup>

On December 2, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting verification of employment that had ended in addition to providing her another opportunity to cooperate with the Office of Child Support.. On December 21, 2015, the Department notified the Claimant that it would close her FIP, MA, and FAP benefits for failing to comply with the Department's request for information.

The Claimant testified that she was willing to provide the Department with information about her loss of income but that she was unable to obtain verification from her former employer because the business had closed.

The Claimant also testified that she had provided the Department with all the information about the absent parent of her child.

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<sup>1</sup> Since this finding of noncooperation was made more than 90 days before the Claimant requested a hearing and it cannot be overturned by this hearing. The Claimant's hearing request only covers the most recent changes to her benefits.

This Administrative Law Judge finds that the Claimant had a duty to provide the Department with verification of her ending employment. The Department was acting in accordance with policy when it closed her benefits for failure to provide verification of her ending employment.

The Claimant re-applied for benefits on January 11, 2016, which was after the Department received her request for a hearing protesting the closure of benefits. The Department's witness testified that the Claimant's benefits remain sanctioned for her ongoing noncooperation with the Office of Child Support.

This Administrative Law Judge finds that the sanctions on the Claimant's new benefits are an action subsequent to the Claimant's January 8, 2016, request for a hearing.

However, if the Claimant's request for a hearing was found to be timely with respect to her new benefits, this Administrative Law Judge finds that the evidence supports a finding that the Claimant has failed cooperate with the Office of Child Support's efforts to establish child support from the absent parent.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it closed the Claimant's Family Independence Program (FIP), Medical Assistance (MA), and Food Assistance Program (FAP) benefits as of January 1, 2016.

### **DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.



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Kevin Scully  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Mailed: 02/22/2016

KS/db

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date. A copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from MAHS within 30 days of the mailing date of this Hearing Decision, or MAHS **MAY** order a rehearing or reconsideration on its own motion. MAHS **MAY** grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

■ [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]